

L13000021782

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 15 PM 12:31

FILED

B. BOSTICK
OCT 16 2013
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAGAR GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIA CECILIA LACOSTE
Name of Person

LAGAR GROUP LLC
Firm/Company

3001 S. OCEAN DR. APT 831 E
Address

HOLLYWOOD, FL. 33019-2869
City/State and Zip Code

claudialacoste@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTONIO COSTA at (305) 338-9483
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LAGAR GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 11, 2013 and assigned Florida document number L13000021782.

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TALLAHASSEE FLORIDA

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3001 S. OCEAN DR. APT. 831 E
HOLLYWOOD, FL. 33019-2869

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3001 S. OCEAN DR. APT. 831 E
HOLLYWOOD, FL. 33019-2869

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address:

3001 S. OCEAN DR. APT. 831 E

Enter Florida street address

HOLLYWOOD

City

Florida 33019-2869

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

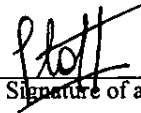
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 10th, 2013.



Signature of a member or authorized representative of a member

Claudia Cecilia Lacoste

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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FALLS CHURCH, VIRGINIA